



## Federal Update for July 16 – August 1, 2016



### **PTSD Update**

#### ***Do PTSD Vets Deserve a Purple Heart?***

Over the last decade, a controversial question has surrounded the Purple Heart: do veterans with post-traumatic stress disorder deserve it? The Pentagon currently does not award Purple Hearts to veterans suffering from PTSD. Supporters of this policy argue physical wounds have always determined eligibility for the Purple Heart. Some believe the science regarding PTSD is too primitive; indeed symptoms can be difficult to diagnose, and objective tests remain elusive. There are concerns that some veterans might attempt to fake the diagnosis. But critics say that denying Purple Hearts to these veterans reinforces the stigmatization of mental illness—in other words, that conditions of the mind are less real than conditions of the body.

Nathaniel P. Morris a resident physician in psychiatry at the Stanford University School of Medicine, who has worked with veterans suffering from PTSD, can tell you the manifestations of this condition are very real. Symptoms can include flashbacks, paralyzing anxiety, hypervigilance, and self-harm. Whether veterans with PTSD receive the Purple Heart has the potential to shape both the policies and the perceptions surrounding mental health in this country. According to the Department of Veterans Affairs, PTSD afflicts up to one in five veterans from Iraq and Afghanistan in a given year, and as many as one in three veterans from earlier conflicts like Vietnam during their lifetime. As of 2013, roughly 400,000 veterans affiliated with the VA carried this diagnosis. These figures suggest psychological trauma is a staggering, but often unrecognized, burden on our troops.

To propel this reform, a growing number of supporters seek to change the name to “post-traumatic stress injury.” After all, advocates say, PTSD stems from exposure to external trauma, much like any physical injury. Many veterans internalize the term “disorder” as being shameful, hiding the diagnosis from colleagues, family, and friends. As a result, these brave soldiers often don’t get the care they need and suffer alone. This debate drew national attention in 2008 when Secretary of Defense Robert Gates vowed to look into the matter. The proposal attracted a wide range of opponents, including veterans groups and the New York Times editorial board. In 2009, the Department of Defense announced it would not award Purple Hearts for the condition, citing many of the above concerns.

But a great deal has changed in the near-decade since that ruling. We now know more about PTSD than ever before. New findings suggest PTSD may stem from physical damage to the brain, much like chronic traumatic encephalopathy in the National Football League. Researchers have novel insights into the role that blast waves and traumatic brain injury play in its development. Suicide among veterans has become a national crisis, and we’ve learned those with PTSD have markedly increased risk for suicidal thoughts and behaviors. The ranks of those supporting Purple Hearts for PTSD has swelled, including public endorsements from the National Alliance on Mental Illness, mental health experts, and outspoken veterans. In fact, during 2011, branches of the military expanded Purple Heart eligibility for those who sustained concussions or mild traumatic brain injuries; but again, PTSD was left aside.

Some argue veterans with psychological conditions should receive a separate award. In 2009, a former Marine captain proposed the creation of a “Black Heart” medal for those suffering from PTSD. This might be a step forward, as veterans with PTSD would receive some degree of recognition. Still, separating physical injuries from psychological ones perpetuates the notion that conditions of body and mind are unequal. The Purple Heart is a precious award that should not be taken lightly. Handing out this medal to anyone with mild anxiety, depression, or sleeplessness could undermine its inherent value. But that doesn’t mean we should ignore the mental toll of war. In 1943, Lieutenant General George S. Patton Jr. famously slapped shell-shocked soldiers during the invasion of Sicily, disgusted by their “cowardice.” Nearly 75

years later, we've made huge strides in our understanding behind the neuroscience and the implications of these psychological injuries; yet more can still be done to acknowledge the wounds these warriors bear. [Source: The Washington Post | Nathaniel P. Morris | July 22, 2016 ++]

## **TRICARE Regions Update**

### **TRO North & South Merger 1 JUL**

With two of TRICARE's regions set to merge, the TRICARE Regional Office (TRO) North and TRO South became TRO East on July 1, 2016. TRO West is continuing as before covering the western United States. The move was made in advance of the pending award of the TRICARE-2017 (T-2017). "We wanted to make our operations more efficient," said Ken Canestrini, chief operating officer for TRO East. "The bottom line is that beneficiaries won't see any difference in delivered care."

Current TRO North staff in Falls Church, Virginia, and TRO South staff in San Antonio, are functioning under the new TRO East business model. Some staff rebalancing occurred to eliminate redundancies, but each office will continue to provide management and support services in their respective geographic areas covering 33 states. Canestrini said having two major regional offices hits the right balance of combining operations for efficiencies while making sure not all of the eggs are in one basket. "With just one contractor for all stateside areas, if you had any issues with a contractor or service, it would likely affect all our beneficiaries," said Canestrini. "This way you'll continue to have two major sectors of terrain, while still capitalizing on best practices from the different regions."

TRO East will handle the lion's share of those enrolled in TRICARE, with about six million beneficiaries – about two-thirds of all TRICARE beneficiaries. Under the future T-2017 Managed Care Support Contracts, one government business partner will manage the network of civilian medical providers for the entire East Region where previously, two business partners split that responsibility in eastern geographic regions designated as North and South. The TRICARE Regional Offices provide essential government oversight and coordination for those civilian contractors.

Canestrini said this move is one of many initiatives in the Defense Health Agency to improve the Military Health System and ensure active-duty, retirees and family members receive the highest-quality health care services for years to come. "This will help us better oversee the contractors providing the care," he said. "In addition, this increases TRO East's focus on supporting military hospital and clinic commanders in managing their market and facilitating a more integrated system, while helping our beneficiaries." [Source: Health.mil | July 18, 2016 ++]

## **TRICARE Cataract Coverage**

### **IOL Surgery**

Cataract removal is one of the most common operations performed in the United States. According to the National Eye Institute, it also is one of the safest and most effective types of surgery. In about 90 percent of cases, people who have cataract surgery have better vision afterward. TRICARE covers cataract surgery and related supplies and services. More specifically, TRICARE covers the standard intraocular lens (IOL), a fixed lens designed to target vision at a single focal point. During cataract surgery, the natural clouded lens is removed and then replaced by an IOL to become a permanent part of your eye. This provides good distance vision but patients typically need glasses for near and intermediate tasks such as reading and computer use. TRICARE also covers one pair of eyeglasses or contact lenses as a prosthetic device after each medically necessary cataract surgery where an IOL is inserted. If you would like a non-standard IOL instead of a standard monofocal IOL, you will be responsible for the difference in the charges. For more information about your covered vision services, contact your regional contractor\_\_ (<http://www.tricare.mil/ContactUs/CallUs.aspx>) or visit the Eye Surgery and Treatment page on the TRICARE website at <http://www.tricare.mil/CoveredServices/IsItCovered/EyeSurgeryTreatment.aspx>. [Source: Shift Colors | Navy Casualty Office | Winter-Spring 2016 ++]

## **TRICARE FAI Coverage**

### ***Hip Condition Approved***

The 2015 National Defense Authorization Act created a provisional coverage program that allows TRICARE to provide coverage for emerging treatments and technologies. The first treatment to be evaluated and approved under this new program is surgical treatment of a hip condition called Femoroacetabular Impingement (FAI). FAI can occur when the bones of the hip are abnormally shaped. Because they do not fit together perfectly, the hip bones rub against each other and cause damage to the joint. Symptoms include pain in the hip or groin area which limits or hinders mobility.

Provisional coverage for FAI surgery began 1 JAN. Now your health care provider can give you a referral for treatment if you are diagnosed with this condition and meet certain clinical criteria. You will be able to get FAI surgery from any TRICARE authorized orthopedic surgeon who performs this procedure. Your costs will vary by plan, but will be lower if you use a network provider. The surgery must be pre-authorized by your regional contractor. Pre-authorization lets your provider present additional information so TRICARE and our contract partners can make an individual review of your care. There is no retroactive preauthorization or coverage. [Source: Shift Colors | Navy Casualty Office | Winter-Spring 2016 ++]

## **TRICARE ASD Care**

### ***ABA Rate Change***

Many TRICARE beneficiaries diagnosed with Autism Spectrum Disorder (ASD) receive Applied Behavior Analysis (ABA) care under the Autism Care Demonstration. Beginning spring 2016, TRICARE reimbursement rates for ABA providers under the Demonstration will change to become more consistent with national prevailing rates. The current ABA reimbursement rates will be replaced with rates for each geographic location, similar to how all other TRICARE rates are established.

TRICARE currently pays a single reimbursement rate to all ABA providers, adjusted to their level of education, in the U.S., regardless of location. TRICARE established these rates more than eight years ago when there was no data to determine what actual rates should be. "Adjusting reimbursement rates by location and educational level is standard practice for TRICARE and other health plans," said Mary Kaye Justis, director, TRICARE Health Plan at the Defense Health Agency. "Our highest priority was to establish rates that ensure our beneficiaries have access to ABA therapy while being conscious of prevailing market indexes across the nation." TRICARE took several steps to ensure access to care with new reimbursement rates. Efforts to monitor the existing ABA provider networks and add additional providers where needed are ongoing. TRICARE commissioned two external studies to examine ABA costs on a national level. This information allowed TRICARE to establish rates based on how other health plans, including state Medicaid plans, pay ABA providers.

"TRICARE continues to offer one of the most generous ABA benefits in the nation," said Justis. "Families have been passionate in their advocacy for children diagnosed with ASD and we want you to know that we've heard your voices." TRICARE also recently changed ABA cost shares to be consistent with other cost shares under TRICARE Prime and Standard. These changes resulted in a significant benefit improvement by applying the beneficiary's cost-share for ABA services towards the annual TRICARE catastrophic cap, which limits the maximum out-of-pocket expenses a family will pay per year for their medical care. [Source: Shift Colors | Navy Casualty Office | Winter-Spring 2016 ++]

## **VA Secretary Update**

### ***Same Day Appointments Coming by DEC***

Veterans will have same-day access to primary care appointments and mental health services at Veterans Affairs facilities by December, VA Secretary Bob McDonald promised 27 JUL. Addressing the Veterans of Foreign Wars national convention in Charlotte, North Carolina, McDonald said veterans wait an average of five days for primary care, six days for specialty care and two for mental health services, but VA plans to reduce those further by the end of the year. This, he added, while the department continues to set records for completed appointments — 5.3 million at VA hospitals and clinics and 730,000 at community care providers since March 2014.

"You've heard many times that VA is broken. So I'll answer one question: Can the Department of Veterans Affairs be fixed? Can it be transformed? The answer is yes. Absolutely. Not only can it be transformed, transformation is well underway and we're already seeing results," he said. VA launched a massive restructuring in 2015 following the appointment of McDonald, who was hired in the wake of a scandal over appointment wait times that led to the resignation of then-VA Secretary Eric Shinseki. The MyVA reform effort is designed to overhaul the VA's administrative practices and improve services, including disability claims processing, health care and outreach to homeless veterans.

At the convention, McDonald was introduced as the "man with the toughest job in the country." Veterans of Foreign Wars incoming commander Brian Duffy said the organization supports McDonald's goals to fix the VA. "Our job as veterans advocates is to ensure the VA's success," Duffy said. McDonald's address came between speeches by the presidential hopefuls at the conventions and following the release late last month of a blue ribbon panel's review of veterans affairs health. Presumed Democratic presidential nominee Hillary Clinton pledged Monday to reduce wait times for medical care, improve coordination between military and VA health care coverage, boost programs for female veterans and to "end the epidemic of veteran suicide."

Following McDonald's delivery, Republican nominee Donald Trump promised a massive overhaul of the VA but also pledged not to dismantle the government-backed veterans health care system. McDonald said under the guidance of Undersecretary of Health Dr. David Shulkin, VA is changing its approach to treating patients. "VA health care is 'whole-veteran' health care — body, mind and soul, customized to meet veterans needs. Yoga? Acupuncture? Sports therapy, music therapy, writing and art therapy? We validate and embrace what works to heal veterans," he said. [Source: Military Times | Patricia Kime | July 26, 2016 ++]

## **VA Project ARCH Update**

### ***Ends 7 AUG | Users Care Will Continue***

As the Project ARCH pilot program comes to an end next month, Department of Veterans Affairs Secretary Robert A. McDonald announced 21 JUL that Veterans enrolled in the program will be able to continue receiving care closer to home. Taking advantage of options available under the Veterans Choice Program, such as the "unusual or excessive burden provision" and Provider Agreements, Veterans receiving care under Project ARCH will continue care without interruption when the pilot program ends 7 AUG. "There is nothing more important to us than serving the Veterans who served our country," said Secretary McDonald. "My commitment to those Veterans under Project ARCH is that we will do everything within our control to make sure they maintain continuity of care in their communities with the providers they know."

Project ARCH operates in Maine, Virginia, Kansas, Montana and Arizona. In anticipation of the program's end, Project ARCH providers have been contacted and invited to continue to provide health care to Veterans under the Veterans Choice Program. "VA appreciates the Veterans and community providers who participated in the program," said Dr. Baligh Yehia, Assistant Deputy Under Secretary for Health for Community Care. "VA is employing lessons learned and best practices from the program as we work to build one consolidated program for community care — a program that delivers the best of both VA and the community." Veterans transitioning to the Veterans Choice Program are being contacted regarding their individual care. [Source: VA News Release | July 21, 2016 ++]

## **Vet Toxic Exposure | Lejeune Update**

### ***Regulation Change Pending***

The Veterans Affairs Department has determined that eight medical conditions are linked to service at Camp Lejeune, N.C. from 1953 to 1987, and veterans with these diseases who were stationed at the sprawling Marine Corps base are eligible for disability compensation. VA officials said 14 JUL that these eight diseases that have been determined to be service-connected to consuming contaminated drinking water at the base: kidney cancer, liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease and aplastic anemia or other myelodysplastic syndromes.

VA Secretary Robert McDonald said research by health experts at the Veterans Health Administration and the Agency for Toxic Substances and Disease Registry, an arm of the Centers for Disease Control and Prevention, indicated that the risk of developing these illnesses is elevated by exposure to contaminants found in the water, including perchloroethylene, trichloroethylene, benzene and other volatile organic compounds. "The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," McDonald said. "We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water."

Nearly a million people, including troops, family members and civilian employees working at Camp Lejeune from the 1950s through the 1980s were exposed to these chemicals and other cancer-causing agents in the base's drinking water, supplied by two water treatment facilities polluted by dry cleaning compounds, leaking underground storage tanks, industrial spills and poor disposal practices. The VA has provided health care or reimbursement for medical costs for veterans who served at Camp Lejeune at least 30 days during the affected period or family members with 15 illnesses related to exposure to water contaminated by solvents and fuels, but it had not awarded "presumptive status" to any condition until now.

The changes will take effect after VA publishes regulations regarding these presumptions, and will apply to new disability claims. Veterans who have previously been denied on such claims may seek to be re-evaluated. Also, any pending claims that might be denied under current regulations will be placed on hold until the VA issues its final rules, according to a department press release.

The bedrock eligibility rules will be that veterans must have one of the eight specified conditions and must have served at Camp Lejeune between Aug. 1, 1953, and Dec. 31, 1987. The new rules also will expand eligibility to reserve and National Guard members who served at Camp Lejeune for any length of time during that period. A VA spokeswoman said compensation awarded as a result of the proposed regulations, if adopted, will "be effective no earlier than the date the final rule is published."

Veterans have expressed frustration over the low rate of claims approvals for illnesses related to the Camp Lejeune water. Hundreds of veterans attended a meeting of the Camp Lejeune Community Assistance Panel on Dec. 5 in Tampa to express frustration with the VA's handling of claims and plead with VA officials to improve the process. Paul Maslow, a veteran who walks with a cane and said he has inoperable tumors on his spine and elsewhere, said he and thousands of former troops need assistance. "You are not helping us, you are hurting us," Maslow told VA officials attending the meeting. "And the more you delay, the more of us ... are going to die."

Two senators who pressed VA to change its policies regarding benefits for Camp Lejeune veterans said Thursday they applauded the VA's decision, calling it a "victory for those who have suffered." "The VA has conceded that it will no longer deny disability benefits to Camp Lejeune victims based on ridiculous scientific claims," Sen. Richard Burr, R-N.C., said. "VA is finally granting some justice to veterans who were exposed to contaminated drinking water while assigned to Camp Lejeune," said Sen. Thom Tillis, R-N.C. "The victims of this tragedy have waited far too long to receive disability benefits." [Source: Military Times | Patricia Kime | July 12, 2016 ++]

## **VA Performance Update**

### **RAND Corporation Findings**

The U.S. Veterans Affairs health system performs as well as, if not better than, other healthcare systems, according to a review of medical records. Researchers at the RAND Corporation found the VA system is comparable in safety and efficacy to care otherwise available, despite often dealing with patients who are more sick or have a wider range of conditions. There were some areas without enough previous research to make a comparison, such as in timeliness, efficiency and patient-centeredness.

There also were some areas, such as surgical complications and availability of services, where results were less favorable, though the researchers say these reports were not consistently bad. "Comparing the VA to other health care



settings can be difficult because the VA has a patient population that is different from most other settings, with patients who may be sicker," Dr. Courtney Gidengil, a physician scientist at RAND, said in a press release. "But it's important to do more of this work in the future so we can better understand the quality of care the VA provides."

For the study, published in the *Journal of General Internal Medicine*, researchers reviewed 69 studies conducted between 2005 and 2015 covering safety, efficacy, efficiency, patient-centeredness, equity and timeliness. In terms of safety, the VA performed as well or better in 22 of 34 studies, though nine showed worse performance and three were a mixed bag. Some studies found higher surgical mortality under VA care than non-VA care, though mortality rates have gone down over time more quickly at the VA than non-VA facilities. Like morbidity and complications from care, mortality was linked to type of procedure or condition being treated, making some results vary widely.

Outpatient care and screening was found generally to be better under care of the VA, with check-ups and tests for most conditions receiving higher marks than with non-VA healthcare. "The available data indicate overall comparable health care quality in VA facilities compared to non-VA facilities with regard to safety and effectiveness," researchers wrote in the study. "Rates of complications and availability of services had the least favorable results, but these results were mixed rather than consistently poor. The overall number of studies comparing VA and non-VA care was small, and study quality varied. More studies that examine and compare the quality of VA care with respect to timeliness, equity, efficiency, and patient-centeredness are needed to better assess VA facilities' performance on these quality dimensions." [Source: UPI | Stephen Feller | July 18, 2016 ++]

## **VA Secretary Update**

### **House VA Chairman Support Shifts**

The chairman of the House Veterans' Affairs Committee and Donald Trump's top veterans adviser backed off his support for current Veteran Affairs Secretary Bob McDonald on 19 JUL, saying the department leadership needs a full overhaul. "I think the next secretary, whoever that is, has got to be an agent of change, somebody that will resist the call from within the department to maintain the status quo," Rep. Jeff Miller (R-FL) said during an interview with *Military Times* at the Republican convention in Cleveland. "And I think, unfortunately, the status quo in many instances remains." Miller is under consideration for an administration post — perhaps even the VA secretary's job — if Trump wins in November. He is not seeking re-election to his congressional seat this fall.

Earlier this spring, Miller and Senate Veterans' Affairs Committee Chairman Johnny Isakson (R-GA) separately endorsed McDonald to stay on as VA secretary into the next administration, regardless which party wins, citing his progress in reforming the embattled bureaucracy. Trump has publicly blasted McDonald for failings at the department, and mocked him during the roll out of his campaign's 10-point plan for veterans earlier this month. On Tuesday, Miller said he would encourage Trump to speak with McDonald but not push him to leave the secretary in his job.

"(McDonald) has spent untold hours traveling to medical centers and facilities all over this country and has his finger on the pulse of VA," Miller said. "That doesn't necessarily mean he can get things done that need to get done. "I don't believe the secretary would want to stay on, to be honest with you. I think it has been an eye-opening experience for him having come from the private sector, on how difficult it is to do what needs to be done." McDonald has dismissed most questions related to the upcoming change in the White House, saying that he hopes to push through significant administrative reforms by the end of the year and would consider continuing his public service if asked.

Miller blamed lingering cultural problems at VA not on McDonald but on President Obama. He said as president, Trump will bring a real commitment to improving the department. "I said early on that one individual alone in a short period of time was not going to be able to change the department," he said. "You've got to have a president who wants to see the change, and Barack Obama does not. "Donald Trump is committed to boldly reforming the Department of Veterans Affairs. The status quo is not acceptable. And Hillary Clinton, as Trump has named her, is the secretary of the status quo. She'll keep doing the same thing, and that's not serving veterans at all." He also criticized Democrats for labeling an expansion of health care options for veterans outside the department as "privatization," calling it misleading and counterproductive. The issue has become a major fighting point between the two parties on the presidential campaign trail. "It's obvious if VA wants to be providing quality care in a timely fashion to our veterans that they are going to need

to look outside our current system,” he said. “And that’s what the Choice Act was all about two years ago.” [Source: Military Times | Leo Shane | July 19, 2016 ++]

## **VA PACT Update**

### **Seamless Care for Traveling Veterans**

If you are enrolled and receive your health care with VA, you will receive the same, consistent care, whether at your local VA treatment site or an alternate VA site of care. In order to help VA ensure consistent care while you are traveling, you need to notify your VA Patient Aligned Team (PACT), preferably 4 to 6 weeks prior to departure. or as soon as you are of the trip. Early planning will allow time for PACT and the Traveling Veteran Coordinator to coordinate your care at an alternate VA facility . To coordinate your health care with another VA health care facility, you should inform your PACT of the following:

- Travel destination(s), and temporary address.
- A valid telephone number.
- Arrival and departure dates.
- Specific care concerns.

Your PACT will contact the Traveling Veteran Coordinator, wh will assist in coordinating your care t the alternate facility. For more information, contact your PACT or Traveling Veteran Coordinator at your local VA facility. [Source: [Veterans Health Administration Update](#) | July 21, 2016 ++]

## **VA Grave Marker Medallion Update**

### **How to Obtain**

A Grave Marker Medallion, for Veterans who died on or after November 1, 1990, is furnished upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private cemetery. The medallion is made of bronze and available in three sizes: Large, Medium, Small. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom.. Eligible Veterans may receive a Government furnished headstone or marker, or a medallion, but not both. If requesting a headstone or marker, use the VA Form 40-1330.

#### **ELIGIBILITY**

- Any member of the Armed Forces of the United States who dies on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker.
- Any deceased Veteran discharged under honorable conditions, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker.

A deceased Veteran discharged under conditions other than honorable, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker, may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. Do not send original documents; they will not be returned. Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.

- Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training.
- Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim.
- Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

**WHO CAN APPLY** - Federal regulation defines "applicant" as the decedent's Next of Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

**HOW TO SUBMIT A CLAIM** - FAX claims and supporting documents to: 1-800-455-7143. If faxing more than one claim - fax each claim package (claim plus supporting documents) individually (disconnect the call and redial for each submission). MAIL claims to: Memorial Programs Service (41B), Department of Veterans Affairs, 5109 Russell Road, Quantico, VA 22134-3903. A VA medallion may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

**SIGNATURES REQUIRED** - The applicant must sign in Block 12A. The applicant must be the Next of Kin or an authorized representative of the decedent or the Next of Kin.

**ASSISTANCE NEEDED** - If assistance is needed to complete this claim, you may contact VA's Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at [mps.headstones@va.gov](mailto:mps.headstones@va.gov). No fee should be paid in connection with the preparation of this claim. For more information regarding medallion eligibility, affixing procedures, and sizes, visit website at [www.cem.va.gov](http://www.cem.va.gov).

**DELIVERY** - The medallion is shipped without charge to the name/address designated in Block 13 of the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions are provided with the medallion.

**CAUTION** - To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private cemetery. [Source: <http://www.va.gov/vaforms/va/pdf/VA40-1330M.pdf> | July 2016 ++]

## ***Vet Preference Update***

### ***OPM Guidance / Deceased/Disabled Vet Parents***

The Office of Personnel Management has issued a new guidance detailing how the parents of deceased or disabled veterans can now claim veterans' preference. The guidance coincides with the Gold Star Fathers Act of 2015, a law that went into effect on Jan. 7. The law—sponsored by Sen. Ron Wyden (D-OR) amends the veteran preference statute to include both parents of deceased or permanently disabled veterans instead of the previous version of the law, which extended preference only to the mother of a veteran.

Veterans' preference promotes eligible veterans for civil service jobs over other applicants based on their military service. While not a guarantee of federal employment, the practice does ensure that hiring managers do consider qualified veterans for positions in government before other applicants. Agencies only remove the veterans from the applicant pool after showing evidence of a sustainable objection to the examining office that selected the pool. The new guidance allows the parent of a deceased or permanently disabled veteran to claim their preference if:

- The spouse of that parent is permanently disabled
- The parent is unmarried or legally separated when the preference is claimed

A July 14 memo from acting OPM Director Beth Cobert said the agency was currently updating the "Delegated Examining Operations Handbook; the Vet Guide; chapter 211 of title 5, Code of Federal Regulations; the SF-15, Application for 10-Point Veteran's Preference; and relevant website pages" to accommodate the new changes. [Source: Federal Times | Carten Cordell | July 18, 2016++]



# Vet Toxic Exposure | AFB PFCs

## 2000+ Contaminated Sites

Volk Sanders burst into this world on June 7, a six-pound fuzz-headed ball of joy and his mother's first child. Days later, Volk's mother learned that the well water she had consumed for years had been laced with chemicals that the Environmental Protection Agency associates with low birth weight, cancers, thyroid disease and more. The aquifer that courses beneath this community in the shadow of five military installations showed traces of perfluorinated chemicals at up to 20 times the levels viewed as safe, environmental authorities said. A sudsy foam used for fighting fires on military bases was probably responsible, according to the Air Force, with the contamination perhaps decades old. "I'm very angry," Volk's mother, Carmen Soto, 20, said at a packed community meeting on July 7. Volk had struggled to gain weight, she said, and she wondered if that was related to the contamination. "They've known about this for how long, and they're just telling us? I drank water throughout my pregnancy. What is that going to do?"

The military is cleaning up PFC-contaminated drinking water supplies in communities near these installations Air Force Dover Air Force Base, Del.; Eielson Air Force Base, Alaska; Horsham Air Guard Station, Pa.; the former March Air Force Base, Calif.; the former Pease Air Force Base in N.H.; the former Plattsburgh Air Force Base, N.Y.; Wright-Patterson Air Force Base, Ohio; the former Wurtsmith Air Force Base, Mich.; Peterson Air Force Base, Colo.; Navy Auxiliary Landing Field Fentress, Va.; Naval Weapons Station Earle, N.J.; former Naval Air Station Joint Reserve Base Pa; former Naval Air Warfare Center, Pa.

Fountain — named for a creek that once gave life to this southern Colorado town — is now part of a growing list of American communities dealing with elevated levels of perfluorinated chemicals, or PFCs, in their drinking water. In the last few months, PFC poisoning has upended municipalities around the country, including Hoosick Falls, N.Y., home to a plastics factory, and North Bennington, Vt., once home to a chemical plant. Unlike in many of the other places, the contamination in Fountain and in two nearby communities, Widefield and Security, is not believed to be related to manufacturing. Rather, the authorities suspect that it was caused by Aqueous Film Forming Foam, a firefighting substance used on military bases nationwide.

Defense Department officials initially identified about 700 sites of possible contamination, but that number has surged to at least 2,000, most of them on Air Force bases, said Mark A. Correll, a deputy assistant secretary for environment, safety and infrastructure at the Air Force. All of the nine bases that the Air Force has examined so far had higher-than-recommended levels of PFCs in the local drinking water. Four bases identified by the Navy were also found to have contaminated water. In some places, the contamination affects one household. In others, it affects thousands of people. The bases are in Alaska, California, Colorado, Delaware, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania and Virginia. "It's quite possible it will touch every state," said Jennifer Field, a professor at Oregon State University and an expert on the chemistry of Aqueous Film Forming Foam. "Every place has a military base, a commercial airport, an oil refinery, a fuel tank farm."

The Air Force has spent \$137 million to assess the scope of the problem, and is spending several million more to treat water systems and provide alternate drinking-water sources. It does not have an estimate of how much cleanup will ultimately cost, though one official said it would "likely be quite large." This has focus at the absolute highest level of the Air Force," Mr. Correll said. "We take it seriously. We're addressing it aggressively. The Air Force will take responsibility for its actions."

The firefighting agent in question is a white substance often shot from a hose and used to extinguish fuel fires since about 1970. Aqueous Film Forming Foam was created by 3M at the behest of the Navy, which needed a way to stamp out fires on ships. The foam was later adopted by airports, oil fields and municipal fire departments, becoming an integral part of the nation's firefighting kit. It was often sprayed directly onto the ground during repeated training sessions on military bases. The foam is laden with perfluorinated chemicals, an unregulated class of man-made chemicals that travel quickly in water and last for years in bodies and environments.

In the face of growing evidence of adverse health effects, the Environmental Protection Agency is considering whether to regulate the chemicals, which manufacturers have used for decades in everyday products like clothing, mattresses

and food packaging. In May, the agency released a new health advisory on two of the best-known perfluorinated chemicals — PFOA and PFOS — suggesting that communities keep their water below 70 parts per trillion for the two combined. [Source: New York Times | Julie Turkewitz | July 25, 2016 ++]

## **Congressional Gold Medal Update**

### **Honoring Filipino Veterans**

The U.S. Senate has passed Filipino Veterans of World War II Congressional Gold Medal Act of 2015 (S. 1555) authored by Sen. Mazie Hirono to make it possible for more than 260,000 Filipinos and Filipino-Americans, including 300 from Hawaii, to receive the highest civilian award that Congress can bestow. U.S. Rep. Tulsi Gabbard, author of a companion measure in the U.S. House, said she hopes to gather enough support to send the legislation to President Barack Obama before the end of the year

Following the Senate's action, Gabbard said House rules require the measure to have 290 co-sponsors before it can be considered. So far, Gabbard has been able to persuade 180 House members to support the bill. "More than 200,000 Filipino and Filipino-American soldiers responded to President Roosevelt's call to duty and fought under our American flag during World War II," Gabbard said. "With just 18,000 Filipino WWII veterans alive today, time is truly of the essence to honor these courageous men with the long overdue recognition they deserve. We've made tremendous progress over the past year to gather bipartisan support from lawmakers for this legislation." Before his death, U.S. Rep. Mark Takai, in a statement released by the Congressional Asian Pacific Caucus, said: "While this recognition is a step in the right direction, Congress can do more. As the number of World War II veterans continues to diminish, we can continue to build on recent improvements to the visa process and make it easier for the families of these selfless Filipino veterans to be reunited with their loved ones in the United States."

Retired Army Col. Ben Acohido, who is part of a national effort to complete a census determining the exact number of surviving Filipino veterans, estimates that little more than a dozen are still living in Hawaii. Congress has already recognized the wartime contributions of other minority military units with eligibility for the medal beginning with the Tuskegee Airmen in 2006; Navajo Code Talkers in 2008; Women Airforce Service Pilots, or WASPs, in 2009; the Japanese-American soldiers of the 100th Infantry Battalion and 442nd Regimental Combat Team, and the Military Intelligence Service in 2010; the Montford Point Marines, who were the first African-Americans to serve in the Marine Corps, in 2011; and in 2014, the 65th Infantry Regiment, known as the Borinqueneers — the only Hispanic, segregated military unit in the Korean War whose soldiers were predominantly from Puerto Rico. "These veterans were instrumental to an Allied victory in the Pacific theater, but their fight didn't end with the war," Hirono said in a statement. "For decades, they have continued to fight for the benefits they have earned and to be reunited with their families in the United States."

Her sentiments were echoed by retired Army Maj. Gen. Antonio Taguba, a 1968 Leilehua High School graduate and chairman of the Filipino Veterans Recognition and Education Project. "Filipino World War II veterans served their country with distinct honor and uncommon valor and we owe them a profound debt of gratitude," he said. "I am proud that with the Senate's unanimous passage of the Filipino World War II Congressional Gold Medal Act, the veterans are significantly closer on their lifelong goal of national recognition of sacrifice and selfless service during World War II from the U.S. Congress. They have waited 75 years for this proud and historic milestone in American history. We deeply appreciate Sen. Hirono's steadfast leadership and dedication to the thousands of Filipino World War II veterans and their families who made this day possible. The veterans will surely be proud."

Taguba's father, Tomas, survived the 65-mile Bataan Death March in 1942, retired as a sergeant first class in 1962, and lived in Hawaii until his death. Most of the survivors are in their 90s and supporters continue to fight for U.S. fulfillment of promised pensions and health benefits. "The Congressional Gold Medal will preserve the history of service and sacrifice by these loyal Filipino WWII veterans," Acohido said. "They were the first line of defense in the Pacific, providing valuable time for the American military to marshal its forces when the outcome of the war was still in question. We are now hopeful for the bill's passage in the U.S. House."

Hirono has continued the congressional battle to restore pensions and benefits begun by U.S. Sens. Spark Matsunaga, Daniel Inouye and Daniel Akaka. The legislation was supported by a bipartisan coalition of 71 senators, including Sen. Harry Reid (D-NV) who said: "Filipino World War II veterans served and sacrificed alongside American forces and played an important role in the Allied victory. I have spent my career fighting to ensure they receive the recognition and benefits they deserve. While we can never fully repay the debt we owe these brave soldiers, Congress can pay tribute to their courage by awarding them with the Congressional Gold Medal. Granting Filipino veterans this honor will be yet another step taken in correcting past wrongs and celebrating their heroic actions and the patriotism of their community." [Source: The Honolulu Star-Advertiser | Gregg K. Kakesako : July 24, 2016 ++]

## **NDAA 2017 Update**

### **S.2932 | Senate Okays Conference**

While behind the scene negotiations have been ongoing for a while, on 14 JUL the Senate voted 90-7 to convene in conference committee with the House on the National Defense Authorization Act. Obviously the bill cannot be passed while Congress is out for 7 weeks until 6 SEP, but then when it returns much work will have to be done on a Continuing Resolution to ensure government operations after the new fiscal year begins on Oct. 1. NAUS is very disappointed that political bickering once again got in the way of providing for our men and women in uniform.

The conferees reconciling the House and Senate versions of a defense policy bill had a productive first meeting 13 JUL, the leaders of the Armed Services committees agreed. Still, the meeting made clear the \$18 billion gap between the two bills will be a hurdle to overcome, they added. "We had a very, I think, fruitful discussion, members of the Senate and House, members of both the committees and outside committee," said Sen. John McCain (R-AZ), chairman of the Senate Armed Services Committee. "I still believe that with the significant challenges that we face, including the issue of sequestration and others, I don't believe that we're going to break a 53-year tradition of producing a defense authorization bill because we all agree it's too important to the men and women who are serving in our military."

McCain was talking with reporters alongside his counterpart in the House, Rep. Mac Thornberry (R-TX), and the ranking Democrats on both committees, Sen. Jack Reed (R-I.) and Rep. Adam Smith (D-WA), after a "pass the gavel" meeting where conferees discussed the priorities and issues they want to address during negotiations on the National Defense Authorization Act. The Senate bill would authorize \$543 billion for the base budget and \$59 billion for a war fund known as the Overseas Contingency Operations (OCO) account. In the House bill, \$23 billion of the OCO would be used for base budget items. That's \$18 billion more than the Obama administration had requested to use for the base budget. As such, the OCO account would only be authorized through April, forcing the next president to request supplemental war funding.

As far as other differences between the two bills, McCain said he doesn't "see a lot of distance." But the money will be a "stumbling block," he and the others agreed. "We have not found a way through that yet, but we have just begun," McCain said. One complicating factor in recent weeks is President Obama's decision to leave more troops than planned in Afghanistan and send more troops to Iraq. Both Thornberry and McCain have said those decisions require more defense spending. Reports indicate the Pentagon may submit a supplemental funding request, Thornberry said. But in the meantime, he added, lawmakers still have to negotiate the bill. "Our job is to work on these intense discussions, get our bill ready, come back in September and see what the fiscal landscape looks like, and we'll work our way from there," Thornberry said.

The White House has threatened to veto the House version of the bill, largely because of how it authorizes funding. The quartet of lawmakers said it's too early in the conference process to say whether the final bill will result in a veto showdown with the White House. "We are seriously engaging and trying to find a way through this," Reed said. The lawmakers were confident they will find a way to fund defense despite budget caps. "We always have," McCain and Smith said in concert. Added Thornberry: "Our job is to support the men and women who risk their lives to defend the country. And so whatever problems there may be, we've got to work through them because that's what comes first, and that's the mood in this room." [Source: The Hill & | NAUS Weekly Update | Rebecca Kheel | July 13 & 15, 2016 ++]